

# CLAIMS ONLY

Application Number

Filing Date

10/725181

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED 1-21-85		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2						
3		1				
4		2				
5		2				
6		2				
7		2				
8		2				
9		1				
10		2				
11		2				
12		1				
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49						
50						
Total Indep	1					
Total Depend	18					
Total Claims	19					

  

	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
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100						
Total Indep						
Total Depend						
Total Claims						